Attaining and verifying the interprofessional capabilities learners will need for a changing world

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What is this thing called IPE?

Interprofessional education (IPE) occurs when members or students of two or more professions learn with, from and about each other to improve collaboration and the quality of care and services\textsuperscript{1}

Interprofessional collaborative practice (IPCP)

Health and community service professionals working together using complementary knowledge and skills, to provide care to patients, clients and communities, based on trust, respect and an understanding of each others’ expertise. 

How is the world changing?

- Increasing complexity and chronicity of the most prominent health problems …
- Increasing recognition of the importance of the social determinants of health and illness …
- Unsustainable rises in health care costs …
- Increased concern about healthcare worker distress and suicide …
How is the world changing?

Into the future, health and community service professionals will increasingly need to work in collaborative, supportive teams … in fact most already do (or should)

Evidence from multiple enquiries that adverse health outcomes are often linked to failure of effective teamwork and interprofessional communication

The ‘wicked problem’ of patient safety

- Practitioner registration processes
- Individual (uniprofessional) capabilities
- Effective IPE
- IPCP capabilities and effective collaboration
- Effective health care systems
- Health service accreditation processes
- Safe, high-quality care
How is the world changing?

Particular settings that exemplify importance of IPCP:

- Acute care – health care misadventure
- Aged care, multiple morbidity, complexity
- Mental health care and promotion
- Rural and remote settings
- Health of indigenous populations
Sydney Interprofessional Declaration

Declared at the fifth world All Together Better Health conference in 2010:

All users of health and human services shall be entitled to fully integrated, interprofessional collaborative health and human services (Article 1).

Health worker education and training prior to practice shall contain significant core elements … of interprofessional education. These … shall contain practical experiences … [and] … will be formally assessed (Article 3).

Now broad consensus on required IPCP capabilities

On completion of their program of study, graduates of any professional entry-level healthcare degree will be able to:

- Explain interprofessional practice to patients, clients, families and other professionals
- Describe the areas of practice of other health professions
- Express professional opinions competently, confidently, and respectfully without avoiding discipline specific language
- Plan patient/client care goals and priorities with involvement of other health professionals
- Identify opportunities to enhance the care of patients/clients through the involvement of other health professionals
- Recognise and resolve disagreements in relation to patient care that arise from different disciplinary perspectives
- Critically evaluate protocols and practices in relation to interprofessional practice
- Give timely, sensitive, instructive feedback to colleagues from other professions, and respond respectfully to feedback from these colleagues

…but no consensus yet about how they should best be attained

Griffith University Health Group

Almost 10,000 health students across 8 schools and 5 campuses

- Medicine
- Nursing
- Dentistry
- Dental technology
- Environmental health
- Exercise physiology
- Health services management
- Medical laboratory science
- Midwifery
- Nutrition and dietetics
- Occupational therapy
- Paramedicine
- Physiotherapy
- Psychology
- Public health
- Rehabilitation counselling
- Speech pathology
- Social work
Griffith Health Interprofessional Learning (IPL) Framework

Devised in 2010/11 through an interprofessional collaborative process and recently (2017) reaffirmed with minor revisions

Aims to ensure that all health professional graduates from Griffith University have the capabilities required for IPCP

Ten threshold learning outcomes that all health professional graduates need to meet

Three-phase pedagogy …

Timing of IPE activities

Traditionally, two opposing arguments:

- Should occur early in the program, before students are acculturated to tribal perspectives and stereotypes concerning other professions from within their own profession.\(^\text{10}\)

- Should occur later, so that students have a sense of their own professional identity and so can make more sense of the IPE encounter.\(^\text{11}\)

False dichotomy: need to do different things at different times \(^\text{12}\) → programmatic approach to IPE

\(^{10}\) Horder, J. (1996). The Centre for the Advancement of Interprofessional Education. *Education for Health* 9(3), 397-400.


Risk of harm

Interprofessional learning sessions: Assessing the impact on medical and pharmacy students

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Abstract

Aims: To investigate the feasibility of introducing interprofessional learning (IPL) sessions between senior medical and pharmacy students, and to assess their impact.

Results: Ninety medical and 56 pharmacy students completed the...
Griffith three-phase interprofessional pedagogy

Phase I: Health professions literacy

Phase II: Simulated IPCP experience

Phase III: Real patient or client care IPCP experience

Health professional program

Professional Registration

CAIPE definition of IPE

*Interprofessional education occurs when members or students of two or more professions learn with, from and about each other to improve collaboration and the quality of care and services.*

- Critical that stand-alone IPE activities meet this definition to be effective, but …
- Within a **program** aimed at achieving interprofessional learning (IPL) outcomes, the definition can be met **across** the whole program.
- The effectiveness of (difficult and expensive) ‘CAIPE-compliant’ activities can be enhanced by other, less complex, activities earlier or later in the program.

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Assessment of interprofessional learning outcomes

Summative assessment is critical to verify that outcomes have been met and to message importance to learners and other stakeholders …

… but no guidance until recently on how


Published in Medical Teacher, 2017

75 IPE scholars from 15 countries

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Assessment of interprofessional learning outcomes

- Agreement that assessment of IPL outcomes should include, as a minimum:
  - Conventional assessment of ‘role understanding’ in relation to the major health professions
  - Observational assessment of individuals’ IPCP behaviours either in simulation or in practice or both
- Recommends further research on techniques to assess development of interprofessional values via reflective journaling and learning consolidation through critical evaluation of teams observed
- Recommends not to use learner-completed tools or assessments of teams at this stage

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Griffith Interprofessional Pedagogy: Phase I

Aimed at students gaining foundational ‘health professions literacy’

= an understanding of the history, theoretical underpinnings, philosophy, roles and contributions of the major health professions, including participants’ own\textsuperscript{14}

Need not be learnt interprofessionally – though ideally would be

Can be learnt through video/online presentations, augmented by large or small group interactive discussion

Learning for health professions literacy

🌟 It takes a team — phase I activity with video-based online learning package
🌟 Narrative film about a man with many health risk factors who has a car accident and starts to encounter health professionals for the first time
🌟 Interview with each practitioner about their profession
🌟 High production values to engage Gen Y learners
🌟 Assessed through pre- and post-scenario-based MCQs
🌟 Prospective study has confirmed enhanced health professions literacy immediately after utilisation¹⁵

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Griffith Interprofessional Pedagogy: Phase II

Simulated interprofessional practice experience with learning supported by critical reflection (fully ‘CAIPE-compliant’)

Can be as simple as a shared paper PBL case … … or more sophisticated, like:

- shared communication skills workshops with human patient simulation,
- mental health workshops utilising video trigger materials,\(^{16}\)
- the CLEIMS program.\(^ {17}\)

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Senior health professional students have extensive clinical exposure but are seldom called upon to make their own clinical decisions and experience their consequences.

Clinical Learning through Extended Immersion in Multi-method Simulation

‘Like a PBL case on steroids’

Learners experience an accurate extended simulation of a realistic period from their likely future professional lives …

… interspersed with related workshops and seminars

Aims to contextualise the learning prior to each seminar or workshop — ‘deep end therapy’

Medical students work in ‘clinical teams’ of up to five – 1 ‘registrar’ and up to 4 ‘interns’, randomly selected

Manage one patient over the week in Year 3 – eight patients with interlocking stories in Year 4

Real time plus ‘time lapses’

Live simulated patients and family members

Students from other professions work with SPs in parallel at times and then join ward rounds, team meetings and discharge planning as they would in a real hospital

Technological simulation for emergencies

Simulated documentation, investigation and treatment

CLEIMS

- Telephonic consultation between medical and pharmacy students
- Simulated ‘on call’ overnight for medical students
- ‘Break character’ discussions with facilitators and other professions about their approach and feedback from SPs
- Narrative contrivances and guided reflection to enhance achievement of learning outcomes
- Learners become aware that they lack the knowledge, understanding or skills they will need → ‘curiosity gap’ (Loewenstein, 1994)
- Assessed through direct observation and facilitator rating of interprofessional (simulated) practice …
- … and phenomenologically-derived technique to verify presence and quality of affective learning in learner journals

Griffith Interprofessional Pedagogy: Phase III

- Real patient or client care IPCP experience
- Originally planned to implement interprofessional student service teams (per Linköping model\textsuperscript{19}) …
- … but very difficult to achieve at scale (for all students)
- Now utilising an individually-completed critical assessment activity based on students’ conventional clinical placements with interprofessional practitioner teams\textsuperscript{20}


Learner placed in a *critical* posture …

… asked to describe (1000 – 1500 words) an interprofessional team that they have observed during placement:

- Give examples of *effective* IPCP observed and why
- Give examples of *less effective* IPCP observed and why
- Make suggestions about how the team might improve its IPCP

Aims to *consolidate* learning from prior elements in the programmatic approach

Trialled in 2016 with 149 medical, 61 pharmacy and 21 exercise physiology students

Almost all students demonstrated high level achievement of IPL outcomes in their written assignments, verifying learning across the program. Multiple clear examples of consolidation of IPL through completion of the activity, e.g.:

As a junior medical student, I remember thinking that interprofessional learning seemed intuitive and unnecessary to focus on as a teaching point. I was under the impression that all disciplines understood and respected one another, and everyone knew their place in the hospital system. However, after experiencing both ends of the interprofessional collaboration ‘spectrum’, I know now that the difference between good and poor communication across disciplines can often also be the difference between good and poor patient outcomes. I feel as though being a medical student offers a very unique opportunity to observe interprofessional teams from a third-person perspective. Many interactions I have witnessed in the hospital have been ones where I was able to sit back and examine the dialogue between different roles, which has helped to develop a gauge of what constitutes good interprofessional collaboration, and where it can be improved.

Conclusions

Preparing health professional students appropriately for collaborative IPCP is a critical, but difficult, component of health professional education for a changing world.

A *programmatic* approach to IPE can optimise learning and may not require that *all* activities be fully ‘CAIPE-compliant’.

Innovative simulation methodologies balance high effectiveness, through the use of specific strategies, with feasibility, for the primary achievement of interprofessional learning outcomes.

Learning from expensive and difficult-to-arrange fully ‘CAIPE-compliant’ activities may be optimised by simpler activities earlier and later in health professional education programs.

Learning in each phase needs to be summatively assessed through the application of appropriate methods.

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**Phase I:**
Health professions literacy

**Phase II:**
Simulated IPCP experience

**Phase III:**
Real patient or client care IPCP experience